1. PLACE OF DEATH		93-6	
County Derchester	WITHIN CORPORATI	Reg	gistration Dist. No. 116
Village or City Cantuly		No. death occurred in a hospital or institution, give	
Dr. 11	eath occurredmos	as. How long in U.S. If of foreign	n birth?ds.
2. FULL NAME / Carth	a Jane ander	If U. S. Veteran, specify	WAR
(a) Residence: No. 128	(Usual place of abode)	St., Ward.	nonresident give city or town and State
PERSONAL AND STATISTI		H .	FICATE OF DEATH
3. SEX 4. COLOR OR RACE Lemple Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	(Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	Enderson		RTIFY, That I attended decaesad from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days 1 LESS than 1 day,hrs. ormln.	to have occurred on the data stated above. The PRINCIPAL CAUSE OF DEATH and representations are followers.	elatad causes of Importanca
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc.	In Ams work	My Myscardile	Date of onset 1935
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc		acute Enter to	12-1-37 12-3-3
D. Data decassal lest worked at this occupation (mainth and year)	11. Total time (yeers) spant in this occupetion	Other Contributory Causes of Importanca:	/
12. BIRTHPLACE (city or town) (Stata or country)	nd ?		
13. NAME In Fran	Sk Onker		
13. NAME 14. BIRTHPLACE (city or town) (State or country)	ne	Name of operation	Date of
15. MAIDEN NAME Cherleson	na Hollis	23. If daath wes dua to external causes (VII	DLENCE) fill in also the following:
15. MAIDEN NAME Aulisan 16. BIRTHPLACE (city or town) (State or country)	ng	Where did Injury occur?	Date of Injury, 19
17. INFORMANT ENGL OF LE (Address) / 2 8 Washing	ents	Specify whether Injury occurred in INDUS	TRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place wangh Cemslery	Date Dec 16, 19.37	Manner of Injury	
19. UNDERTAKER / Y. M. S. C. (Address) Cambridge	Caire	24. Was disease or Injury In any way relate	ed to occupation of decaasad?
20. FILED 12-14 , 1937 por	la mace p.	(Signed) Canall	MON Clin M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial hephritis IAN 4 1999	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S. J			
The second secon			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIA	N
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STATE	OF	MARYL	AND-	CERTIF	FICATE	OF	DEATH	
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12926

1. PLACE OF DEATH	-	(31)
County Der	WITHIN CORPORAT	Registration Dist. No.
Village or City	udga	No. St., Ward Hard St., Ward feath occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town whe		s
2 FILL NAM Fiele	na na and	If U. S. Veteran, specify WAR 200
Z. FOLL NAME	e e	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OBRACE	5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Tear)
a. If married, widowed, or divorced HUSBANO of (or) WIFE of	Turknowa.	22. I HEREBY CERTIFY, That I attended dacassed from
DATE OF MARIE (c 1)	11-13-1876	I last saw h war allve on lec. 26 1937 death is sal
AGE Yeers Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the deta stated abova, at 8 A.m.
8 Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	Lawyer	111000
9. Industry or business in which	-	
work was dona, as SILK MILL, SAW MILL, BANK, etc		
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, atc 9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last workad at this occupation (month and	1937 11. Total tima (years) spant in this	1-
year)	occupation	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town)	rlock	
(State or country)	med	
14. BIRTHPLACE (city or town)	lectrus	
14. BIRTHPLACE (city or town)	•••••	Nama of oparation Marce Date of
(Stata of Country)	me	What test confirmed diagnosis?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	nable co	23. If death was dua to external causes (VJOLENCE) fill in also the following: Accident, suicide, or homicida?
(Stata or country) 7. INFORMANT 6 Q	eres .	Whera did Injury occur? (Specify city or town, county and State) Spacify whather Injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL		Manner of Injury
Placetack n	Close 12/29 ,1527	Neture of Injury
9. UNOERTAKER S. S. E. (Address)	inter me	24. Wes disease or injury In any way related to occupation of dacaased? 100
20. FILED 1 2 - 2 4 1931 A	ohe mare y.	(Signed) Sunstale M. (Address) Carulaty M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1938	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Lawrence Committee Committ			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-. Every item of infor-WITH UNFADING INK-THIS IS A PERMANENT RECO. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. WRITE PLAINEY,

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
county ochostic	No. St. Ward
Village of the Ambalanta	No. St., Ward death occurred in a horpital of inspirution, give its NAME instead of street and number)
Length of rasidence in city or town whera deeth ocedrradyrs	
2. FULL NAME J. J. J.	D. Rus. Veteran specify War
(a) Residence: No. James 9 Bamp	St., Ward.
(Usual place of abode). PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
mal Calcard of DIVORCED (write the word)	(Month) (Day) (Yaar)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of	1 HEREBACERT FY Thet I attended degreesed from
10 + h	114 15 10 17 Just 2 1937
6. DATE OF BIRTH (month, dey, and yeer) 7. AGE /- Years Months Deys If LESS then	last sew h 22 whee on 1997; death is said
1 dayhrs.	to heve occurred on the date stated above, at the PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
Trade profession or particular	Date of greet
SAWYER, BOOKKEEPER, atc Auvou	Total dom
SAWYER, BOOKKEEPER, atc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date daceesed last worked at this occupation (month and spent in this preparation (month and spent in this preparation).	X years assissemany
10. Date dacesed last worked at this occupation (month and pear)	1/37
12. BIRTHPLACE (city or town) Chulich Cheek	Other Contributory Causes of Importance:
(State or country)	Conglito desery
I VI	Named and the state of the stat
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis Was there an articles
15. MAIDEN NAME Malithan Calish	23. If death was due to external causes (VIOLENCE) fill in also the toffowing:
15. MAIDEN NAME Molitha Calish 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
∑ (State or country)	Where did injury occur?
17. INFORMANT Charles a Calmish (Address) Charles the Clypte	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL CHEEFE DECT 6 1937	Mennar of Injury A A A A A A A A A A A A A A A A A A A
19. UNDERTAKER SEUGES HOSTON	24. Wes disease or injury in any way ralated to occupetion of deceesad?
	If so, specify (Signad) M. D.
20. FILED 12 26 , 1937 John Wace P	(Address) A Market And I have
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
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Cerebral hemorrhage IAN 4 1938	July 5,1927	Peritonitis	3 days ago
SUKEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. How long In U. S. If of foreign birth? vrs. mos. 2. FULL NAME If U. S. Veteran, specify WAR (a) Residence: No. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) BINDING 5a. If married, widowed, or divorced I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Months If LESS than I day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 667 or min. Data of onest. 8. Trade, profession, or perticuler OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ RESERVED ladustry or business in which may work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation ... Dietetic errors - eating and dreaking (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diegnosis? Was there en autopsy?... MOTHER 23. If deeth was due to externel causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) DEATH (Stete or country) Where did Injury occur?____ should be (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE (Address) Cor. Sica OF 18. BURIAL CREMATION, OR REMOVAL Nature of Injury (Address) If so, specify. 20. FILED. ! - ! Registrar.

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1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

should state of OCCUPA.

STATE OF MARYLAN	D-CERTIFICATE OF DEATH
1. PLACE OF DEATH	The state of the s
County Warchester WITHIN COM	PORATE LIMITS OF Registration Dist. No. 116
Village or City Cambridge Md-	NoSt.,Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidenca In city or town whera death occurredyrs	mosds. How long in U.S. If of toreign birth?yrsmosds.
2. FULL NAME ('larence /3enr	7677 If U. S. Veteran, specify WAR
(a) Residence: No. 3/9 High It. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the w	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wife of Mabel Benne	22. i HEREBY CERTIFY, That i attended deceased from
6. DATE OF BIRTH (month, day, and year) Feb. 9. 1898	I last saw h Loca alive on DLA 10 , 1937; death is said
7. AGE Yeers Months Days If LESS 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance
V 8 Trade profession or particular	Date of onest Pulmonery Edmin 12/1/2
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL (As ferral Shore 14. SAW MILL, BANK, etc. 10. Data deceased last worked at this occupetion (month and year) occupation	Organiam cause i probably influence. Organization saw poteest only a few hours.
12. BIRTHPLACE (city or town) 2005. (State or country)	Other Contributory Causes of Importance: History of a dold of two one those house hunstings
# 13. NAME / O bert Bennett	The state of the s
13. NAME TO bert Bennett 14. BIRTHPLACE (city or town) 224: (State or country)	Nama of operation Date of Whet test confirmed diagnosis? Was there an autopsy? 200
15. MAIDEN NAME Mollie young 16. BIRTHPLACE (city or town) Mol	23. If death was due to axternel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT 77 abel Bennell (Address) Carebiada, m.	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place ways Currely Data Dec 13.	Manner of injury
19. UNDERTAKER I TOM Sclair ford	24. Was disease or Injury in any way related to occupation of daceased? WO
20. FILED 12-13, 137 John mace & Regi	(Signed) TRIMMAN. M. D. (Address) Crown d.H. M. M.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-FION is very important. See instructions on back of certificate. mation should be carefully supplied. -WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEA	F DEAT	OF	CATE	-CERTIFIC	MARYLAND	OF	STATE
--------------------------------------	--------	----	------	-----------	----------	----	-------

1. PLACE OF DEATH	Mon.
County Wordnesser	Registration Dist. No.
Village or City Metrelery	No. St., Ward
. 0 /	If death occurred in a horpital or institution, give its NAME instead of street and number) sdsHow long in U.S. If of foreign birth?mosds.
2. FULL NAME & Kakles H. Brad	
	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DEVORCED (write the word) OR DEVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Year)
5a. If married, widowed, or divorced and Byadshaw (or) WIFE of	22. I HEREBY CERTIFY, That I attended decassed from
6. DATE OF BIRTH (month, day, and year) May 14 1855	I lest saw him attiva on Dic 19 - 1937; death is said
7. AGE Yaars Months Days If LESS than	to heve occurred on the date stated above, at 4
8 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
8. Trade, profassion, or perticular kind of work done, as SPINNER,	Broncho Freemond!
SAWYER, BOOKKEEPER, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date decessed last workad at Alis occuration (month and	
10. Date decessed last worked at this occupation (month and spant in this	
year) occupetion occupetion	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town)	Ame
(State or country)	
13. NAME Your Skalshall 14. BIRTHPLACE (city or town)	
14. BIRTHD (ACE (city or town)	Name of operation
	What tast confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Regge Bradskaw	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) 18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
Proast new Market Date Dko 74, 193.	Nature of injury
H. H. Willowshilm	24. Was disease or injury in any wey ralated to occupation of deceased?
19. UNOERTAKER (Address) art herr Market	If so, specify
20. FILED Dec 23 1937 H.E. Parker	(Signed) M. I
Registrar.	(Addrass) Willett a Man

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

e of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1015		
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
y5,1927	Peritonitis	3 days ago
	Other centributery courses of importance	
ıy 1,1923	Gastroenteritis	1 year
2	y 5,1927	Other contributory causes of importance:

ADDITIONAL SPACE FOR FUI	RTHER STATEMENTS	BY	PHYSICIAN
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stated EXACTLY. PHYSICIAMS stated EXACTLY.

WE'H UNFADING INK—THIS IS A PERMANENT TON is very important. See instructions on back of certificate. AUSE OF DEATH in plain terms, so that it may ation should be carefully supplied.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

County	hester		WITHIN CORPO	RATE LIMITS OF Registration Dist. No. 116
Village or City	Camb	ridge	(lf	No. Cambridge—Laryland Host, , Wa death occurred in a horpital or institution, give its NAME instead of street and number) 18ds. How long in U.S. if of foreign birth?
2. FULL NAME(a) Residence: No		po, Md.		St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH
	or race lored	5. SINGLE, MARI OR DIVORCEI	RIED. WIDOWED,	21. DATE OF DEATH Dec a 13th 7 (Month) (Day) (Year)
(di) mite di	te Fet	er Ennal		22. I HEREBY CERTIEY, That I attanded deceased fr Nov. 28th 19 37to Dec 13th 1977
AGE Years 41	Months	Days 9	If LESS than I day,hrs. ormin.	I last saw h. <u>QP</u> alive on <u>Dec 13th</u> , 1937; death is s to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
kind of work dona, as SAWYER, BOOKKEEPI 9. Industry or business in work was dona, as SII SAW MILL, BANK, etc 10. Date deceased last work this occupation (mont	LK MILL, c	137 11. Total ti spen	ma (years) Life	Other Centributary Causes of importance:
	Crap	2.0	\ been fare	Other Camerousery Causes of Importance;
(State or country)		llar	ryland/ eadv	Other Camerous Causes of Importance;
(State or country) L 13. NAME 14. BIRTHPLACE (city or tow (State or country)	Elbrid	Mar ge McCre	Complete and a	Nama of operation Date of 12-14/
13. NAME 14. BIRTHPLACE (city or tow (State or country)) 15. MAIDEN NAME 16. BIRTHPLACE (city or tow (State or country))	Elbrid Jenni Jenni	Marge NcCre Ma y e Todd Mg Cready	land.	Nama of operation Date of 12-14/
(State or country) 13. NAME 14. BIRTHPLACE (city or tow (State or country)) 15. MAIDEN NAME 16. BIRTHPLACE (city or tow (State or country)) 17. INFORMANT Signature (Address)	Jenni Jenni Ila Mc rapo,	Maryland	land.	Nama of operation. What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicida, or homicide? Date of Injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(State or country) 13. NAME 14. BIRTHPLACE (city or tow (State or country)) 15. MAIDEN NAME 16. BIRTHPLACE (city or tow (State or country)) 17. INFORMANT Steel (Address) 18. BURIAL, CREMATION, OR REI Place TADO .	Jenni Jenni Ila Mc rapo, Moval	Maryland	ryland. ryland.	Nama of operation. What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicida, or homicide? Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BEIGHT V.S.			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

RESERVED

MARGIN

V. S. No.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
IN 4 1938			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH 12933
1. PLACE OF DEATH	<u> </u>
County Workerto WIT	RIN CORPORATE LIMITS OF Registration Dist. No. 116
Village or City Carubana	No and Hospitel St., Ward
10 100	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Property	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abotic)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a, If married, widowed, or divorcad HUSBANO of	
(or) WIFE of	22. HEREBY CERTIFY, That I attanded deceased from
Dea 8 1937	liest saw h alive on Dear are 19 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than	to have occurred on the date steted above, at
3 May 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	were es follows:
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date decaased last worked at this occupation (month and	2 mo aborti
9. Industry or business in which work was dona, as SILK MILL,	Carre Culium.
SAW MILL, BANK, etc.	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis Was there an autopsy!
15. MAIDEN NAME Bette Convoy 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Delly forwers	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	
Place (21 0 0 0 0 1 2/8 , 193/	Manner of Injury
10:11	Nature of Injury
19. UNDERTAKER DOLLAR COMP	24. Was disease or Injury In any way related to occupation of decaased?
(Address)	If so, specify
20. FILEO () 8 (, 19 2) My wow Besisher.	(Signed) M. 0. (Addrass) Camb Vil
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage JAN 4	July 5,1927	Peritonitis	3 days ago	
HUREAU V. S.				
Other contributory causes of importance:	3.	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH WITHIN CORPORATE LIMITS . County__ Registration Dist. No. Village or City Maryland (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred mos. ____ds. How long In U.S. if of foreign birth? vrs. mos. If U. S. Veteran, specity, WAR (a) Residence, No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) malico 5a. If married, widowed, or divorced HUSBAND of 22. ERTIFY That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS than to have occurred on the date stated above, at 4-10 I day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. Data of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at this occupation (month and spant in this occupation Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) HER 13. NAME FAT 14. BIRTHPLACE (city or town) Name of operation.... (State or country) What test confirmed diagnosis? Cravack Was there an au'opsy? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) (State or country) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT: (Address) Mulle 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER (Address) If so, specify .. 1937 20. FILED_12- 30 (Signed) Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. x

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example 1		Example II				
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
Arteriosclerosis III E E IVE	1915	Attack of epilepsy	1 week ago			
Chronic interstitial nephritis	1921	Run over by street car				
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago			
BUREAU V. S.						
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			
			ļ			

PHYSICIANS should state RD. Every item of infor-Exact statement of OCCUPA. stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be See instructions on back of mation should be carefully supplied. TION is very important.

B.—WRITE PL.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
	Posistation Dist No. 44 (s
	Registration Dist. No. 116 No. Eastern Shone State Hosp. St. Ward
Village or City Cambridge	No. Eastern Shone State Hosp. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	9 ds. How long In U.S. If of foraign birth? yrsds.
2. FULL NAME Jerenigh God win	If U. S. Veteran, specify WAR
	St. — Ward.
(a) Residence: No. Crompton. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE OR DIVORCED ("write the word) Sine (21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorced	(Month) (Oay) (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decaased from
M 1 (19-7	DEC, 4, 1937, to DEC, 12, 1937 death is said
6. DATE OF BIRTH (month, day, end yeer) March 6, 1857	to have occurred on the date stated above, et 8:40P. m.
7. AGE Years Months Oays If LESS than I dey,hrs.	The PRINCIPAL CAUSE OF DEATH and raiated causes of Importance
1 1000000000000000000000000000000000000	were as follows: Oate of onest
8 Trade, profession, or particular kind of work done, as SPINNER, Trained scime does SAWYER, BOOKKEPER, atc	Garaginal of Caland
S Industry or business in which	Asterias le nosis 1927
work was done, as SILK MILL, In the field	Psychosis with Genebrul
10. Date deceased last worked et this occupation (month and 19)7 11. Total time (years) spent in this	Antenioscienosis 1985
this occupation (month and 172 spent in this 40 occupation 40	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) Crumpton	Other Continuery Causes of Importance.
(State or country) Md.	
13. NAME William L. Godwin 14. BIRTHPLACE (city or town) Kent Island	
14. BIRTHPLACE (city or town). Kent 15 9nd	Neme of operation None Data of
(State of County)	What test confirmed diagnosis? None Wes there an autopsy? No
15. MAIOEN NAME Sarah C. onem 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill In also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicida?
(State or country)	Whare did Injury occur? (Specify city or town, county and State)
17. INFORMANT Eastern Share State Hop Records (Address) Cambridge, Md.	Specify whether Injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place recuptor mloata 12-16,18/	Neture of Injury
19. UNDERTAKER W. St. Good	24. Was disease or injury In any wey related to occupation of daceased?
(Address) Church wel, md.	If so, specify
20. FILEO' 2-13 1937 pola mace opc.	(Signed) Isodore Juerk M.D.
Registrar.	(Address) E.S.S.H., Cambridge, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Evample I

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1	Example II				
Date of onset	The principal cause of death and related causes of importance were as follows:	uses Date of onset			
1915	Attack of epilepsy	1 week ago			
1921	Run over by street car	1 week ago			
July 5,1927	Peritonitis	3 days ago			
	Other contributory causes of importance:				
May 1,1923	Gastroenteritis	1 year			
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FO	RFURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	
County Doubite. WITHIN CORPO	RATE LIMITS 67 Registration Dist. No. 116
Village or City Cambridge Ind.	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of loreign birth?
2. FULL NAME Hampton Honny	If U. S. Veteran, specify WAR
(a) Residence: No. S. L. D. Torrich (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH P 28 (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
and the second	19 10 125 193]
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at
8-3 / 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Cardio. Renal Vapenta direase
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MilL, SAW MILL, BANK, etc. 11. Total tima (years) this occupation (month and done).	
year) occupation 3.0 2	Other Contributory Causes of Importance;
(State or country)	
13. NAME Trains J. Henry	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of Oate of
(State of Country)	what lest confirmed diagnosis? was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury
17. INFORMANT Mas Thomas Collins (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Annhaly Ind Oate Du 30, 1937	Mannar of Injury
19. UNOERTAKER Lank & Alburgh. (Address) Cambridge med	24. Was disease or injury in any way related to occupation of deceased? Two
20. FILEO 12-30, 193) John shace Refinerar.	(Signed) Luy Steele M. D. (Address) Cambridge M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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10 grans 15 Mi

1854-412-29

STATE OF MARYLAND-CERTIFICATE OF DEATH

	ounty DOTC	Cambrid	ce.		No.		n Dist. No. TT6	
				(II	ND. f death occurred in a hospital ds. How long in	l or institution, give its NA!	ME instead of street and	number)
			00001100			U.S. If ot toreign birth?	yrs	nosd
2. FU	JLL NAME	Marta R			If U. S. V	eteran, specify WAR_	no	
(a	a) Residence: No	199 Ke	lvedear	- ,	St., Ward.			
P	FRECNAL	AND STATIST	(Usual place of		MEDIC	It nonreside	nt give city or town as	d State
S. SEX		OLOR OR RACE	5. SINGLE, MARI		21. DATE OF DE		E OF BEATH	
Ten	nale	White	OR DIVORCED	(write the word)	- I DATE OF DE	December (Month)	er 23rd,	., 193 7 (Year)
Sa. If mar HUS (or)	rried, widowed, or of BAND of WIFE of	divorced illiam E	. Hooper		22. I HER	REBY CERTII		-
E DATE	OF BIRTH (month,	day and year)	6-15-186	8	1 last saw h G R alin			, 19 <u>.2</u> : deeth Is s
7. AGE	Years 69	Months 6	Oays 8	It LESS than 1 day,hrs.	The PRINCIPAL CAUSE	date stated above, at	10 m. 1.	
1 8 1	Trade, protession, o		1 0	ormin.	were as tollows:			Oate ot ons
	kind of work do		TT 11/2	0 -	ACCENTOS	CLEROTIC		
2	SAWYER, BOOK	KEFPER etc.	House Wi	.Te	ME	APT DISEA	9 6 5	
9.1	SAWYER, BOOK ndustry or busines	KEEPER, etc	44.45	.Te		RY THROM		11/23/
9. 10	SAWYER, BOOK ndustry or busines work was done, SAW MILL, BAN	KEEPER, etcs In which as SILK MILL, IK, etc	Home .1	.Te		RY THROM		11/23/
X	SAWYER, BOOK ndustry or busines work was done, SAW MILL, BAN Dete deceased last this occupation	KEEPER, etc	Home	tin this 4'				11/23/
12. BIRTI	SAWYER, BOOK ndustry or busines work was done, SAW MILL, BAN Dete deceased last this occupation (year) HPLACE (city or to	KEEPER, etcsis In which as SILK MILL, IK, etcworked at month and	Home	tin this 41	CORO ~ A	RY THROM	1 13 05 (5	
12. BIRTI	SAWYER, BOOK ndustry or busines work was done, SAW MILL, BAN Dete deceased last this occupation (year)	KEEPER, etc. ss In which as SILK MILL, IK, etc worked at (month and II/	Home	tin this 41	CORO ~ A	Ry THROM-	1 13 05 (5	
12. BIRTI (S	SAWYER, BOOK ndustry or busines work was done, SAW MILL, BAN Dete deceased last this occupation (year) HPLACE (city or to Stata or country)	KEEPER, etc. ss In which as SILK MILL, IK, etc. worked at month and II/ wn) Dorch card C. J or town) Dorc	Home 25. 11 Total ti spen occu ester Cc ohnson.	tin this 41	CORO ~ A Other Contributory Cause CEREBR Neme of operation	Ry THROM of Importance: AL THROM NONE	1.13051.5 13051.5 13051.5	/936
12. BIRTI (S 13. N	SAWYER, BOOK ndustry or busines work was done, SAW MILL, BAB bete deceased last this occupation (year) HPLACE (city or to Stata or country) IAME BIRTHPLACE (city city city city city city city city	KEEPER, etc. ss In which as SILK MILL, iK, etc. worked at (month and II/ wn) Dorch and G. J ortown) Dorc	Home 25. 11 Total ti spen occu ester Cc ohnson.	tin this 47 pation	Other Contributory Cause CEREBR Neme of operation	Ry THROM es of Importance: AL THROM NONE	BOSIS Date of	autopsy?
12. BIRTI (S 13. N	SAWYER, BOOK ndustry or busines work was done, SAW MILL, BAN bete deceased last this occupation (year) HPLACE (city or to Stata or country) HAME BIRTHPLACE (city or (State or country) MAIDEN NAME	KEEPER, etc. ss In which as SILK MILL, IK, etc. worked at (month and II/ wn) Dorch ard C. J or town) Dorc y) Catheli	Home 23 11 Total ti spen occu ester Cc ohnson. hester C	itin this 47 pation 47.	Other Contributory Canado CEREBR Neme of operation	es of Importance: ALTHROM NONE (nosis?	BOSIS Date of	1936
12. BIRTI (S 13. N 14. B	SAWYER, BOOK ndustry or busines work was done, SAW MILL, BAN bete deceased last this occupation (year) HPLACE (city or to Stata or country) HAME BIRTHPLACE (city or (State or country) MAIDEN NAME	KEEPER, etc. ss In which as SILK MILL, IK, etc. worked at (month and II/ wn) Dorch (ard C. J ortown) Dorc y) Catheli ortown) Dor	Home 23 11 Total ti spen occu ester Cc ohnson. hester C	itin this 47 pation 47.	Other Contributory Canado CEREBR Neme of operation	es of Importance: ALTHROM NONE (nosis?	BOSIS Date of Was there ar fill In also the followi	1936 autopsy? Ang:
12. BIRTH (S 13. N 14. B	SAWYER, BOOK ndustry or busines work was done, SAW MILL, BAN bete deceased last this occupation (year) HPLACE (city or to Stata or country) HAME BIRTHPLACE (city or (State or country) MAIDEN NAME BIRTHPLACE (city or (State or country)	KEEPER, etc. ss In which as SILK MILL, IK, etc. worked at (month and II/ wn) Dorch (ard C. J ortown) Dorc y) Catheli ortown) Dor	Home 23. 11. Total ti spen occu ester Cc ohnson. hester C ne Radcl chester	itin this 47 pation 47.	Other Contributory Cause CEREBR Neme of operation What test confirmed diag 23, If deeth was due to ex Accident, suicide, or hom Where dld injury occur?	es of Importance: ALTHROM NONE (nosis?	Date of	1936 autopsy? (
12. BIRTI (S 13. N 14. B 15. N 16. B	SAWYER, BOOK ndustry or busines work was done, SAW MILL, BAB bete deceased lest this occupation of year) HPLACE (city or to Stata or country) MAME BIRTHPLACE (city or (State or country) MAIDEN NAME BIRTHPLACE (city or (State or country) MAIDEN NAME BIRTHPLACE (city or (State or country) MAIDEN NAME BIRTHPLACE (city or (State or country) Address) AL, CREMATION, Or	KEPPER, etc. sis In which as SILK MILL, IK, etc. worked at month and II/ wn). Dorch card C. J ortown). Dorc y) Catheli ortown). Porc yy REMOVAL	Home 23 11 Total ti spen cester Co ohnson. hester Co ne Radel chester r	it in this 47 pation 47.	Other Contributory Cause CEREBR Neme of operation What test confirmed diag 23, If deeth was due to ex Accident, suicide, or hom Where dld injury occur?	es of Importance: ALTHROM NONE (nosis?	Date of	1936 autopsy? /-
12. BIRTI (S 13. N 14. B 15. N 16. B	SAWYER, BOOK ndustry or busines work was done, SAW MILL, BAB bete deceased lest this occupation of year) HPLACE (city or to Stata or country) MAME BIRTHPLACE (city or (State or country) MAIDEN NAME BIRTHPLACE (city or (State or country) MAIDEN NAME BIRTHPLACE (city or (State or country) MAIDEN NAME BIRTHPLACE (city or (State or country) Address) AL, CREMATION, Or	KEEPER, etc. ss In which as SILK MILL, IK, etc. worked at (month and II/ wn) Dorch ard C. J or town) Dorc Catheli or town) Dorc Trown Dorc Catheli or town) Dorc Catheli or town) Dorc Catheli or town) Dorc Catheli	Home 23 11 Total ti spen cester Co ohnson. hester Co ne Radel chester r	it in this 47 pation 47.	Other Contributory Cause CEREBR Neme of operation What test confirmed diag 23, if deeth was due to ex Accident, suicide, or hom Where did injury occur?. Specify whether injury oc	es of Importance: ALTHROM NONE (nosis?	Date of	/936 autopsy? ^- ng:
12. BIRTI (S 13. N 14. B 15. N 16. B 17. INFOR	SAWYER, BOOK ndustry or busines work was done, SAW MILL, BAM bete deceased last this occupation (year) HPLACE (city or to Stata or country) MAME BIRTHPLACE (city or (State or country) MAIDEN NAME BIRTHPLACE (city or (State or country)	KEPPER, etc. sis In which as SILK MILL, IK, etc. worked at month and II/ wn). Dorch card C. J ortown). Dorc y) Catheli ortown). Porc yy REMOVAL	Home 23 11 Total ti spen occu ester Co ohnson. hester Co ne Radel chester , Ma.	it in this 47 pation 47 pa	Other Centributery Cause CEREBR Neme of operation What test confirmed diag 23. If deeth was due to ex Accident, suicide, or hom Where did injury occur? Specify whether injury of Manner of injury	es of Importance: ALTHROM NONE gnosis? ternel causes (VIOLENCE) hicker (Specify city ccurred in INOUSTRY, in	Date of	1936 autopsy?

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The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car Peritonitis	1 week ago
Run over by street car	1 week ago
Peritonitis	
	3 days ago
Other contributory causes of importance: Gastroenteritis	1 year
7	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

TION

BINDING

MARGIN RESERVED

V. S. No. 1

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Example 1	1	Example II				
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago			
Chronic interstitial nephritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago			
BUVEAU V. S.						
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforbe properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may RITE PLAINLY,

MARGIN RESERVED FOR BINDING

V. S. No. 1

ż

STATE	OF	MARYL	AND-	CERTIFI	CATE	OF	DEATI
		1.11 11 7 7	7 11 12			-	

1. PLACE OF DEATH		948)	
County Derchester	WITHIN CO.	REPORATE LIMITS OF Registration Dist. No. 77%	
Village or City Combridge		No	Ward
Length of residence in city or town where death occur		f death occurred in a hospital or institution, give its NAME instead of street and nu sds. How long in U.S. if of foreign birth?yrsmos	
m. 70. 6	m +01. Jul		
2. FULL NAME / RULLA CHILLS	I faction for	Work If U. S. Veteran, specify WAR	*********
(a) Residence: No. 212 // (Use	alplace of abode)	St., S Ward. If nonresident give city or town and S	tale
PERSONAL AND STATISTICAL P		MEDICAL CERTIFICATE OF DEATH	
	E, MARRIED, WIDOWED,	21. DATE OF DEATH	
	VORCED (write the word)	(Month) (Day)	193 (Year)
5a. If married, widowed, or divorced HUSBAND of			
(or) WIFE of Jeorge J. John	com	22. I HEREBY CERTIFY. That I attended do	eceased from
S DATE OF BIRTH (mostly do and man)	26 100/	tlast sawh Lualiva on Dee 20 1937.	death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Da	lys If LESS than	to have occurred on the date stated above, at 4,05 Am.	000(II 13 34IU
81 10 2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular	/ 101min.	were sollows: Throber	Date of onset
o kind of work dona, as SPINNER, Jours	rewife		Beech
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date deceased last worked at this occupation (month and			1251
SAW MILL, BANK, atc	. Total time (years)		
this occupation (month and year)	spent in this		
6 4 . 0	410	Other Contributory Couses of Importance:	192
12. BIRTHPLACE (city or town) Sachaf	mily Md.	The state of the s	1021
13. NAME Varies Hor	nadi	- Journal of the second	1-9-2.6
14. BIRTHPLACE (city or town)	,	Name of operation Date of	un
(State or country)	ua	What test confirmed diagnosis?	tonev?
15. MAIDEN NAME Clizabeth aling	Sibson	23. If death was due to external causes (VIOLENCE) fill in also the following:	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
16. BIRTHPLACE (city or town)	•	Accident, suicide, or homicide? Date of injury	19
(State or country)	ud	Where did injury occur?	
17. INFORMANT Mrs. Merritte. K	Auson	Specify city or town, county and State) Specify whether injury occurred in INDOSTRY, in HOME, or in PUBLIC PLAC	CE.
(Address) Cambridge	, md.		
18. BURIAL, CREMATION, OR REMOVAL	0-222 27	Manner of injury	
Place Date Date	Jee 24,190/	Nature of injury	
19. UNDERTAKER Securette K.O	lirgias	24. Was disease or injury in any way related to occupation of daceased?	~
(Address) Caustridge,	rud.	If so, specify	-
20, FILED 12 - 22, 1937 John	more or.	(Signed)	M. D.
0	Registrer.	(Address)	721
If more blanks are s	ieeded, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example 1	1!	Example H	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 4. 1938			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

1	2	6 4	.0	1
т.	/	18	CR.	
-3	-	90	- 1	1

1	. PLACE OF	F DEATH				(159)	10010
	County	Dorche	ster			Registration Dist. No.	116
	Village or C	ity Aire	У			No.	Ward
					(If	death occurred in a horpital or institution, give its NAME instead of street 6 ds. How long in U.S. if of foreign birth?	and number)
2	. FULL NA		Baby E	oy Jo	nes bridge R	If U. S. Veteran, specify WAR	
	(a) Residen	ce: No.	witte?	(Usual place		SE, Ward. If nonresident give city or tow.	
	PERSON	AL AND ST	ATISTICA			MEDICAL CERTIFICATE OF DEAT	
3.	SEX	4. COLOR OR R.	ACE S.	SINGLE, MAR	RIED, WIDOWED,	21. DATE OF DEATH	
1	fale	color	ed.	OR DIVORCE	(write tha word)	Rete 4th	, 193.7
5a.	If marriad, widow	ad, or divorced				(Month) (Day)	(Year)
	HUSBAND of (or) WIFE of		Si	ngle		22. HEREBY CERTIFY, That atta	
				3.0	11 7058	Most at all 19 to 11 at all all all all all all all all all	, 19
_	DATE OF BIRTH (AGE Yea	month, day, and yas	onths	Days	th, 1937	to heve occurred on the date steted above, et 9:30A fit.	L; death is said
** /	. (Ontils	16	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance	
				70	ormin.	ware as follows:	Date of enset
ON	kind of w	ssion, or particular vork done, as SPIN BOOKKEEPER, etc.	NER,	None		Prenesting,	11/16/27
AT	9. Industry or	business in which		X		Comment of	11-1.0-131
OCCUPATION	SAW MIL	done, as SILK MILL, BANK, etc	LL, 			V	
00	this occur	ed last worked et pation (month and	X	spe	ime (years) ntin this		
	year)			000	upation	Other Contributory Causes of Importance:	
12.		ty or town)	Airey	r 			
~	(State or cour		-		Md		
HE	13. NAME	Elmer	Jones				
FATHER		(city or town)		Homz	land.	Neme of operationOate	
_	(State or	A 2222 O	lia Hu		Little.	What test confirmed diagnosis? Was ther	
MOTHER	15. MAIDEN NA	INIC				23. If death was due to external causes (VIOL ENCE) fill in also the following	
MO	16. BIRTHPLACE	(city or town) country)		Itar	vland.	Accident, suicide, or homicide? Oate of Injury	, 19
-	(State of					Where did injury occur? (Specify city or town, county an	d State)
17.	(Address)		r Jone ridge		. Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	C PLACE.
18.		ION, OR REMOVAL		11.11 6.	10000	Manner of Injury	
	Placa Ail	cey, Md.	D	ate 12/5	737	Neture of Injury	
		777 m	Terri	/ 77-	-7		2000
19.	UNDERTAKER (Addrass)	Cambr	Jones	s.(Fai	ner)	24. Was disease or Injury In any way related to occupation of decease If so, specify	
			0.0	40 60	10.	(Signad) Heliss War	M. D.
20.	FILEO 12-4	, 19.2.	ph	w m	Registrar	(and Cambris!	24_/

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis The LIVED!	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 4 1938	July 5, 1927	Peritonitis	3 days ago
DURPAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

1. PLACE OF DEATH	(8)
County & orchasta RITHIN CO	REGISTRATE LIMITS OF Registration Dist. No. 116
Village or City Consult of the Consu	Np. St. Ward
ViA	death occurred in a hospital or institution, give its NAME instead of street and number)
\cap \cap \cap	ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME (inna marie Ma	schall f U. S. Veteran, specify WAR
(a) Residence: No. 7 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH DECEMBER. (Month) (Month) (Day) (Hear)
5a. If married, widowed, or diverced HUSBAND of	7-27
(or) WIFE of Fern Marshall	1937. to DEC. 3
6. DATE OF BIRTH (month, day, and year) Fif 20 19 08	I last saw h. C. alive on DECCHBER 3, 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at 2.30 Am.
29 9 / 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER.	YCARLET FEVER 11/28/37
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	DEPTIC SERETHYORT 4
work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceesed last worked at this occupation (month end yaar) 11. Total time (yeers) spant in this occupation	
12 DIDTUDI ACE (aity or town) M My -a /h.	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (Stata or country)	DEH YDOGOTO ~
13. NAME MARKETAN BANKETON	
14. BIRTHPLACE (city or town)	Neme of operation Oc. Dete of
(State or country)	What test confirmed diagnosis? THROAT SMEAR Was there an autopsy? NO
15. MAIDEN NAME Edith Wongate	23. If death was due to external causas (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Wyak	Accident, suicide, or homicide?Dete of Injury19
∑ (Stata or country)	Where did injury occur?
17. INFORMANT Aming Marshull (Address) Carn hash. mot	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Chury My Date Pu 3, 198	Nature of injury
19. UNDERTAKER Tunk G. Ultangh	24. Wes disease or injury in eny way releted to occupation of deceesed?
	(Signed) M. D.
2D. FILED 12 T, 1937 John Wace M.	(Address) (Sacrada M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

75.00

STATE OF MARYLAND—CERTIFICATE OF DEATH

12942

1. PLACE OF DEATH	(8)
County Darshing WITHIN CO	Registration Dist. No. 11.6
	ND. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long In U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Warne a. man	Shall If U. S. Veteran, specify WAR
(a) Residence: Np. 9 Min M? (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVERCED (write the word) 5a. If merried, widowed, or divorced	21. DATE OF DEATH A (Dey) (Yeer)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from DECENGER 3, 1937, to DECENGER 4, 1932
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Yeers Months Days If LESS than f dey,hrs. Ormin.	I lest saw h allve on
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL.	
SAW MILL, BANK, etc f0. Dete deceesed last worked et this occupation (month end yeer)	
12. BIRTHPLACE (city or town)	Other Centributory Causes of Importance:
13. NAME Town marchell	
13. NAME 14. BIRTHPLACE (city or town) (Stete or country)	Name of operation
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address)	23. If deeth wes due to externat ceuses (VIOL ENCE) fill in also the following: Accident, sulcide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Search of Dete J. 5 1937	Menner of Injury
19. UNDERTAKER Transe E. altaugh (Address) Cambudge me	24. Wes disease or injury in any way releted to occupetion of deceased?
20. FILED 12-5 ,1932 gold have 72.	(Signed) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example - L		Example II	
The principal cause of death and relat of importance were as follows:	ed causes pate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 1AN 4	1939 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU	V. S. July 5, 192	Peritonitis	3 days ago
Other contributory causes of importan	ce:	Other contributory causes of importance:	1 = 1
Gallstones	May 1,192	3 Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

1. PLACE OI	The state of the s	OF MARYLAND-	CERTIFICATE OF DEATH	43
County	Daveland	WITHIN CORP	Registration Dist. No. / / C	
Village or C	e e			
Village of C			No. St., If death occurred in a horpital or institution, give its NAME instead of street and number	Ward
Langth ot resid	dence in city or town where	death occurred Y yrsmo	sds. How long in U.S. if of loreign birth?yrsmos	ds.
2. FULL NAI	ME Catileia	_ m. mitches	If U. S. Veteran, specify WAR	
(a) Residen	ce: No. 110 m	use st	St. Ward.	
` '		(Usual place of abode)	If nonresident give city or town and State	
		ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Jenne Tenne	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	Z
5a. It married, widow HUSBAND ot (or) WIFE ot	ed, or divorced	mitchee	22. I HEREBY CERTIFY, That I attended decae	
	0	M- (1991)	199 to Allender 30,	
	month, day, and year)	100/104/	I last saw her alive on Aleenles 30, 1937; dae	th is said
7. AGE Yea		Deys If LESS than 1 dey,hrs	to have occurred on the date stated above, at	
		ormin.	mare as follows:	e ot onset
8. Trade, protas	sion, or particular ork dona, as SPINNER, BOOKKEEPER, etc	n	Ryfestiseasue Cardio · vascular	
SAWYER,	BOOKKEEPER, etc		- Alual decease	
work was	business in which done, as SILK MILL, L, BANK, etc		Cerebral spopley Sept 1	937
10. Date deceasa	nd last worked at petion (month end	11. Total tima (years) spant in this occupation	Carebal a frighles y dotat f PM.	29,/3
	There	···· e	Other Contributary Causes of Importance:	
12. BIRTHPLACE (cit (State or coun		med	Magazine Corceroma	
13. NAME <		Oa anaca	- tot wear with afullary	
I IS. NAME	0 36:		- mellactores - sening	
14. BIRTHPLACE		The	Neme of operation Deta of	
(State of	18 12		What test confirmed diagnosis? Was there en eu'ops	y? 70
15. MAIDEN NAI	WE	- street	23. It death was dua to external causas (VIOL ENCE) fill in also the tollowing:	
16. BIRTHPLACE		man Co	Accident, suicide, or homicide? Date of injury,	19
(State or	country)	nu ·	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT	The t	Bee	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMAT	ION, OR REMOVAL	CDate 1/1 ,1938	Menner of injury	
19. UNDERTAKER (Address)	48 Le	age me	24. Was disease or injury in any way related to occupetion of deceasad? Tald	
20. FILED_!		ha mace pe	(Signed) Wyle M Faer (Ardress) Combade ned	M. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis D. W.	3 days ago
		18 13	THE STATE
		193	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		4	

1. PLACE OF DEATH	107.0
County Southertes WITHIN CORPORATE LI	Registration Dist, Np. 1+ G
Village or City Confudy	No. St., Ward
Langth of residence In city or town where death occurred vrs.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
011(1)	
2. FULL NAME Mayd January lor	If U. S. Veleran, specify WAR
(a) Residence: No. 4 B 7 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
(D. A. 2 1932	Dead upor tourned 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h elive on
	The PRINCIPAL CAUSE OF DEATH and related causas of importance
8. Trede, profession, or perticular	ware as follows:
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, atc.	Dionalha Junionen 12-16-3
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	And when arrival
SAW MILL, BANK, etc.	
year) occupation	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) (Stata or country)	
01 (21)	
E 13. NAME I from Carrier or	
14. BIRTHPLACE (city or town).	Name of operation Date of
	What test confirmed diagnosis? Atman, Was there an autopsy? 23. If death was due to externel causes (VIOLENCE) fill in also the following:
f5. MAIDEN NAME CACH White. 16. BIRTHPLACE (city or town) history (State or country)	Accident, suicide, or homicide?
(State or country)	Where did Injury occur?
17. INFORMANT Thomas Carrington (Addrass) Cambridge	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Wangh Cemelery Date Was It 1957	Neture of injury
19 UNDERTAKER AMSLERACE	24. Was diseasa or injury in any way related to occupation of deceasad?
(Address) 368 Main St.	If so, spacify
caratrick The	(Signed) Carroll HIII Clau M. D.
20. FILED 1 - 21 , 193/ John Maco Registrar.	(Address) Lan Valu St

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Evample II

Example 1	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:	E-11.4 m	
Gallstones	May 1,1923	Gastroenteritis	1 year	
			and the same	

FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12945
1. PLACE OF DEATH	10070
County Dorchester	Registration Dist. No. 11-6
Village or City Cambridge Rt # 1	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. If of foraign birth?mrsds.
2. FULL NAME Charles S. Perhy	
(a) Residence: No. Canabala (1 D)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Dancey Paren	22 I HEREBY CERTIFY, That I attanded dacasasd from
6. DATE OF BIRTH (month, day, and year) may (P) 1888	Hast saw here alive on Declared 25, 1937 death is said
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Yaers Months Days If LESS than	I last saw here aliva on Reclander 12, 1921; daath is said to have occurred on the date stated above, et 2407 ft.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importanca
8. Trada, profassion, or particular kind of work dona, as SPINNER.	Date of one at
SAWYER, BODKKEEPER, atc.	Lotar alumonia 12:15-3?
Thoustry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc	
1D. Date dacaased last workad et this occupation (month and spant in this occupation year) 11. Total time (years) spant in this occupation	
	Other Coutributory Causes of Importanca:
(State or country)	
13. NAME DORED POR	rond
14. BIRTHPLACE (City or town)	Nama of operation ASUA . Date of
(State or country)	Whet lest confirmed diagnosis Line Was there an au'opsy?
15. MAIDEN NAME Rockel Cornech	23. If death wes dua to external causas (VIDLENCE) fill in elso the following:
D 16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide?
E (State or country) nd.	Where did injury occur?
17. INFORMANT nancy Perry (Address) Cheeral Crooks no D	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date 2 - 28,195]	Natura of Injury
19. UNDERTAKER Lewis D. Bacquellar	24. Was disease or injury in eny way ralated to occupation of deceased?
(Addrass) Carechada, med.	If so, spacify
20. FILED 1 2-28, 1937 John more p.	(Signed) fredering function D.
Registror.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

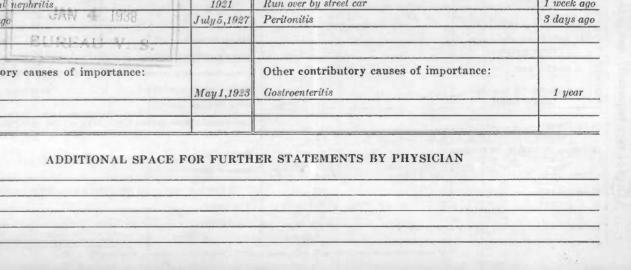
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago	
Cerebral hemorrhage GAW = 1938	July 5,1927	Peritonitis	3 days ago	
BURFAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gostroenteritis	1 year	



state

PHYSICIANS

certificate.

Jo pluods

carefully

AUSE

plnods OF A. SEX 5a, If married, widowed, or divorced 6. DATE OF BIRTH (month, day and year) 7. AGE OCCUPATION spent in this 40 12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) Name of operation. (State or country) 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fili in also the following Accident, suicide, or homicide?______ Date of injury______ 19 16. BIRTHPLACE (city or town) (State or country) (Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Nature of injury. 24. Was disease or injury in any way related to occupation of deceased: (Address) If so, specify If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIA	N
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of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF			lar-	- W
	Dorchester		WITHIN CORPOR	Hogistiation Dist. Ho
Village or City	Cambrid	death occurred	Gyre mos	No. Cambrillee III III Soit 1 st., Ward f death occurred in a horpital or institution, give its NAME instead of street and number) s
	E Louise			If U. S. Veteran, specify WAR NO
(a) Residence	: No. Qakle	Oy St.	of abode)	St., Ward. If nonresident give city or town and State
PERSONA	L AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Female	COLOR OR RACE	OR DIVORC	RRIED, WIDOWED. ED (write the word) Ldowed	21. DATE OF DEATH December 13th, 193 7 (Month) (Day) (Year)
5e. If married, widowed HUSBANO of (or) WIFE of	, or divorced	neis B.	Randall	22. HEREBY CERTIFY, That I attended deceased from October 19.3 & to Describer 19.3 7
6. DATE OF BIRTH (m	onth, day, end year)	I2/28/1	867	I lest saw h. da. elive on December 12 th 1937; death is said
7. AGE Yeers	Months	Oays	If LESS then 1 day,hrs.	to heve occurred on the date stated above, at
8 Trada protecci			ormin.	were as follows: Samona 1 uterus Oct. 19:
9 Industry or bu				-
- I III occupe		11. Total	time (yeers) ent in this X supetion	
12. BIRTHPLACE (city of (State or country)	or town) POCON	noke Cit	T, Ta	Other Contributory Causes of Importence: - metastatic sacramata to lively - varia, atomosil.
13. NAME 3	ames Hills	5		
13. NAME 14. BIRTHPLACE (c) (State or co				Neme of operation Hysterulary Date of Oct. 193 Whet test confirmed diagnosis? Brighty Wes there an autopsy? he
15. MAIDEN NAME	Esther	Bishop		23. If death was due to externet causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (C) (Stete or co	city or town)	Md.		Accident, suicide, or homicide?
I7. INFORMANT	rs A. S. V Cembri	larine.		Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATIO			ZI5/3,79a	Manner of Injury
19. UNOERTAKER	ranville S	IeGor	**	24. Wes disease or injury in eny way releted to occupetion of deceased? ho
20. FILED 12-14	, 1907 Jak		Registrar.	(Signed) bela O. herelith M. O. (Address) Cambridge maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting & S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section to every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to be the terment. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as serval private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occipation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "enfoloyee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver,

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	į	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal causes of importance follows:	Date of onset
Arteriosclerosis JAN 4 1938	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUKEAU V. B.	July 5,1927	Peritonitis	3 days ago
Beguing the state of the state			
Other contributory causes of importance:		Other contributory causes of importance:	-
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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STATE OF	MARYL	AND-CER	TIFICATE	OF	DEATH
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15		1 .	4.4
L	2	3	43
-		4	

1. PLACE OF DEATH				95-2	1004
County	Dorchester			Registration Dist. No. 116	
	City_Cambrid	ge	(lf	No. Eastern Shore State Hospitalt, death occurred in a horpital or institution, give its NAME instead of street and 15 ds. How long in U.S. if of foreign birth? yrs	number)
	ME Frank nce: No. Fruitla			If U. S. Veteran, specify WAR	
				MEDICAL CERTIFICATE OF DEATH	Diale
PERSONAL AND STATISTICAL PARTICULARS 3. SEX			RIED, WIDOWED, D (write tha word)	21. DATE OF DEATH December 30 (Month) (Day)	, 193 7 (Year)
5a. If marriad, widow HUSBAND of (or) WIFE of	Nora Dav			22. I HEREBY CERTIFY, Thet I attended November 15 , 19.37 , to December 30 I last saw h im elive on December 30 , 19.35	0, 19.37
7. AGE Ye	ars Month	March 15, Deys	If LESS than 1 day,hrs. ormin.	to have occurred on the date steted abova, et9:30a_m. Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: Arteriosclerotic cerebral and	Date of onset
Mork was SAW MI	work dona, es SPINNEI , BDDKKEPER, etc business in which is done, as SILK MILL, LL, BANK, etc sed lest worked at ipation (month and larch 1936	Barber Sho	op time (years) nt in this upetion _20 _yrs	Broncho-pneumonia	12/26/37
(State or cou	ity or town) Powe intry) Mar	llville yland fm Ita	udy Ru	Psychosis with cerebral arterio- sclerosis	
14. BIRTHPLAC (Stata o	E (city or town)	melln	He ome	Nama of operation_None Data of Whet test confirmed diegnosis?None Westhere an	
∑ (Stata o				23. If death was due to external causes (VIOLENCE) fill In elso the following Accident, suicida, or homicide? Deta of Injury Where did Injury occur? (Specify city or town, county and Strength Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC P	ng: , 19
18. BURNA, COLUA Fige	THE REMOVAL	nd Dale Jan	1. 1938 4 G.	Manner of injury	
2D. FILED 12- 5	1937	John ne	Register.	(Signed) Hadre furk (Address) Cambridge, Maryland	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago	
Chronic interstitiat nephritis 44 1920	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA

V. S. No. 1

state

1. PLACE OF DEATH	107-0/
county Dorchester	Registration Dist. No.
Village or City Cambridge	No. Eastern Show Style Hosp. St., Ward death occurred in a horpital or institution, give its NAME Instead of street and number)
Length of residence In city or town where deeth occurredyrs, _3mos.	26 ds. How long in U.S. if of foreign birth?
2. FULL NAME Clang Lee Moss	If U. S. Veteran, specify WAR
(a) Residence: No. Hurlock, Md. (Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female 4. COLOR OR RACE OR DIVORCED (write the word) Mannie	21. DATE OF DEATH $\bigcirc \in \mathbb{C}$. $\bigcirc 2$ $\bigcirc 193$ $\bigcirc (Month)$ $\bigcirc (Day)$ $\bigcirc (Yeer)$
5a. If married, widowed, or divorced HUSBAND OF (or) WIFE of Charles Edward Ross	22. I HEREBY CERTIFY, That I attended deceased from Aug. 6 1937 to Dec. 2 1937
	I lest sew h & P alive on Dec. 2 1937; deeth is said
6. DATE OF BIRTH (month, day, end year) 10 10 1 186 5	to have occurred on the date stated above, at 6:464 m.
7 2 1 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance
8 Trada profession or particular	Generalized and Cenebral Date of one of
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.	thrteriosclerosis 1931
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked et this occupation (month and 1932 11. Total time (years) spent in this occupation 48	Broncho - Preumonia 11-28-3
12. BIRTHPLACE (city or town) Woodbine (Stete or country)	Other Contributory Causes of importance:
# 13. NAME Columbus Welch	
14. BIRTHPLACE (city or town)	Neme of operation
(State of country)	What test confirmed diegnosis? Was there an autopsy?M2 .
15. MAIDEN NAME $=$ Len Web b	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homloide?
17. INFORMANT E. S. S. H. Records (Address) Cambridge, Ad.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMODE	Menner of Injury
Place A Secretary C. P. Date ALC 4 1937	Neture of Injury
19. UNDERTAKER A. B. Willaughly (Address)	24. Wes disease or injury in any wey releted to occupation of deceased?
20. FILED 12-2, 1931 John Wace 2.	(Signed) Gadore French Shows State 4850.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Cq mbn dee Md.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage \ JAN 4	July 5,1927	Peritonitis	3 days ago
BUREAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should stated to be exacted to be stated t AD. Every item of infor-WITH UNFADING INK-THIS IS A PERMANENT REC MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. WRITE PLA

1. PLACE OF DEATH	CERTIFICATE OF DEATH 12950
County Worohester	97) Registration Dist. No. 111
Village or City Gast new Market	Registration Dist. No
Length of rasidence in city or town where death occurredyrsmo	isds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Mary. M. Samper	10 U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Market	21. DATE OF DEATH (Month) (Day) (Tag)
5a. If married, widowed a divorced HUSBAND OF CORERAN Sources	22, I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 1st 1874	I last saw har alive on 227, 15 1937; death is sai
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the data stated above, at L
8. Trada, profession, or particular	were as follows: Date of once
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Deta daceased last worked at this occupation (month) and enant in this	
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	
- apoint in this	
12. BIRTHPLACE (city or town)	Other Contributary Causes of Importance:
(State or coughty)	-
13. NAME Samuel Malkews 14. BIRTHPLACE (city or town)	Nama of operation
(State of confine	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME OSSULTURE Jours	23. If daath was due to externat causes (VIDL ENCE) fill in also tha following:
15. MAIDEN NAM Omeline for the State of Control of Cont	Accident, suicide, or homicida?
17. INFORMANT The ph Sampson	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, OREMATION, OR REMOVAL Place Conditions of the Date Dela 1937	Manner of injury
19. UNDERTAKER H. H. Welloughty	Natura of injury 24. Was disease or injury in any way related to occupation of decaased?
20, FILES Dec 7, 1957 - H.C. Parlsen Registrat.	(Signed) (Address) (Address) (Address)
	t, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows: CEIVED Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis JAN 5 1939	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

of Dealth in plant terms, so that it may be properly classifical gracement of cool in			
Statement			
Toner			10
Ciassinca.			The state of the s
property	is very important. See instructions on back of certificate.		1
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1	ry		1
5	S VE		1
	4.00	1	

STATE OF MARYLAND-CERTIFICATE OF DEATH

12951

1. PLACE OF DEATH	942
County Uprchester	Registration Dist. No. 116
Village or City Cambaldge	No. Eastern Shore State Hospit, Ward death occurred in a horpital or institution, give its NAME instead of skeet and number)
Length of residence In city or town where death occurredyrsmos.	6 ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Elma Meddens Sp	ognKS If U. S. Veteran, specify WAR.
(a) Residence: No. Millington, Md	St., — Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Dec. 12 193 7
Female White Widow	(Month) (Day) (Year)
5a. If matried, widowed, or divorced HUSBAND of (or) WIFE of M. a. ? Swanks	22. I HEREBY CERTIFY, Thet I attended deceased from
(or) WIFE OF NIN. ; Spanns (UNKnown)	Dec. 7, 1937, to Dec. 12, 1927
6. DATE OF BIRTH (month, day, and year) 1-24-1869	I last saw her alive on Dec. 12 , 19.3.7; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 5: 20 f. m.
68 10 18 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Z 8. Trade, profession, or particular	Cerebral-Vascular Accident
kind of work done, as SPINNER, Housewife	Thrombosis 12-3-37
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and A) = 2 > 1 11. Total time (yeers) spent in this	Coronary Thrambosis 12-12-3
10. Date deceased lest worked at this occupation (month and /2-3-37 spent in this occupation (countries)	2
year) 12 3-31 occupation 23	Other Centributery Causes of Importance:
12. BIRTHPLACE (city or town) Kent County	Other countries of importance.
(Stete or country) Md.	
II 13. NAME Wright Medders	
13. NAME Wright Medders 14. BIRTHPLACE (city or town) Kent County	Neme of operation IVO NC Date of
(State or country) Md.	What test confirmed diagnosis? None Wes there an autopsy? 46.
15. MAIDEN NAME Annie Howard 16. BIRTHPLACE (city or town) Kent County	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town) Kent County	Accident, suicide, or homicide? Date of injury, 19
S (State or country)	Where dld injury occur?
17. INFORMANT Eastern Shore State Hosp Records (Address) Cambridge Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place millington, modere 12-13 1957	Neture of injury
19. UNDERTAKER W. S. God (Address) church of el ma	24. Wes disease or Injury In any way related to occupation of deceased?
2 2) 0 / 00 - 00	(Signed) Isakra Juerk M. D.
20. FILED 12-13, 193 John Mare 12.	(Address) E.S.S.H. Cambridge, Md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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	in the second

STATE OF MADVI AND-CEPTIFICATE OF DEATH

D. Every item of infor-

LY, WITH UNFADING INK-THIS IS A PERMANENT RECO

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

metion should be carefully supplied.

WRITE PLA

V. S. No. ż

MARGIN RESERVED FOR BINDING

stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPA-

properly classified.

Village or City Petersburg	Registration Dist. No. 11 6
Village or City Petersburg	
Length of residence in city or town where death occurred 18 yrs	NoSt., Wall feath occurred in a horpital or institution, give its NAME instead of street and number) osds. How long in U.S. if olloreign birth?yrsmosd
2. FULL NAME Emma Jane Spry (a) Residence: No. Hurlock, Md., R.F.D.	If U. S. Veteran, specify WAR
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED, WIDOWED, OR DIVORCED (write the word) Female Colored Married	21. DATE OF DEATH December 12 ,193_7. (Month) (Day) (Year)
5a. il married, widowed, or divorced HUSBANO of (or) Wife of Ira L. Spry 6. DATE OF BIRTH (month, day, end yeer) June 30, 1895	22. 1 HEREBY CERTIFY. That I ettended deceesed Iro
7. AGE Years Months Days IILESS then	to have occurred on the dete stated above, at3:10.ma. m. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
8. Trede, prolession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc House work 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc Own home 10. Dete deceesed last worked et this occupation (month and	were as follows: Data of one:
10. Dete decessed last worked et this occupation (month and yeer) 11. Total time (yeers) spant in this occupation 12. BIRTHPLACE (city or town) Dorchester County (Stete or country)	Other Contributory Causes of importance:
# 13. NAME Stephen W. Hill	
14. BIRTHPLACE (city or town) Dorchester County (Stete or country) Md.	Name of operation Data ol Data
15. MAIDEN NAME Elizabeth A.Baltimon 16. BIRTHPLACE (city or town) Dorchester Count (Stete or country) Md.	25, 12 death was dee to external earses (FIOLEITOL) and the following.
17. INFORMANT Ira L. Spry (Address) Hurlock, Md., R.F.D. 18. BURIAL, CREMATION, OR REMOVAL Plece Petersburg, Md. Oete Dec. 16, 19.3	Manner o1 injury
19. UNDERTAKER J. J. Framptom & Son (Address) Federal sburg, Maryland 20. FILED 12/15, 1937 Rashtastur,	24. Was disease or injury in any way releted to occupetion of deceased? if so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
11 10 8 1908				
Other contributory causes of importance:		Other contributory causes of importance:		
	May 1,1923	Gastroenteritis	1 year	
			1	

PHYSICIANS should state b. Every item of inforof OCCUPA-Exact statement

WITH UNFADING INK-THIS IS A PERMANENT RECO stated EXACTLY. properly classified. ON is very important. See instructions on back of certificate. AGE should be be mation should be carefully supplied. AGE should -WRITE PLAI

m ż

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARTENIE	CLIVIII ICAIL OF DEATH
1. PLACE OF DEATH	10/00
County Worehesler	Registration Dist. No. 1.10
Village or City healy Hurlock	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	death occurred in a norpital or institution, give its IVAIVIE instead or street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Vames Straw	Ferry If U. S. Veleran, specify WAR
(a) Residence: No	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBANO of	
(at) WIFE of Sollis Strawberry	22. I HEREBY CERTIFY. That i attended deceased from
n lun ilk	the boat
6. DATE OF BIRTH (month, day, and year) and 7 833	I last saw h aliva on
7. AGE Yours Month Days If LESS than f dayhrs.	to heve occurred on the dete stated above, at 5
ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importanca were as follows:
Trade, profession, or particular	Gronoho Pneumans
Trade, profession, or particular kind of work done, as SPINNER, Farred WARR, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Oata dacaasad last worked at this occupation (month end) 11. Trade, profession, or particular worked at this occupation (month end)	Trans etal want
9. Industry or business in which work was dona, as SILK MILL,	The formation
SAW MILL, BANK, atc.	flu family
year) occupation	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town)	other consistent contents of importance.
(State or couply)	
13. NAME 15 Fest Straw Kerses	
E	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Oete of
	What test confirmed diagnosis? Was there en aulopsy?
15. MAIDEN NAME Mary Camper	23. If daath wes due to external causes (VIOLENCE) fill in elso tha following:
f6. BIRTHPLACE (city or town)	Accidant, suicida, or homicide?
State or sound)	Where did injury occur?
17. INFORMANT OF STREWFERRY (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL	
Place of willock Data Med 74,1937	Nature of Injury
J. B. W. llowghly	24. Was disease or Injury In any way releted to occupation of dacaasad?
19. UNDERTAKER (Address)	If so, specify
/ 22 6 7	(Signad) Wrozalev M. D.
20. FILEO Let 63, 195)	(Address) Aurior & M. D.
Registrar.	" (Wolless) SA A A TWAR A J

STATE OF MADVI AND CEPTIFICATE OF DEATH

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11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1156	V.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones BUREAU	May 1,1923	Gastroenteritis	1 year

ADDITIONAL :	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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1. PLACE OF DEATH	
County Downessen	Registration Dist. No. 115
Village or City Hoopen vole -	No. St Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number) 1] _ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME June or Edward Slub	US. Veteran, specify WAR ~~~
(a) Residence: No. Hopensoull	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	22. I HEREBY CERTIFY. That I attended decasasd from 1 last saw MAAAA aliva on
1 dev. hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	wera as follows: Data of onsat
8. Treda, profession, or particular kind of work done, as SPINNER,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this securation (month and spent in this spent in th	Drambea X Enterition 2 week
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Horsen of Carlos (State or country)	Other Contributory Causes of Importance:
# 13. NAME To eddie Volumen	, Y. W. S.
14. BIRTHPLACE (city or town) 11 copers or 14.	Name of operation Data of
4. BIRTHPLACE (city or town) 110 8 person (Stata or country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME I helma alvina Stubbio 16. BIRTHPLACE (city or town) Hoogan Ville (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) 14 50 per VIII	Accident, suicide, or homicide? Date of injury
17, INFORMANT Sceller Stuble	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Hober vole mo.	
Place H or pur ville me Date L Dec. 5, 1937	Manner of Injury
19. UNDERTAKER Med clin Johnson (Addrass) 145 pers ville pod	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Der 5, 193) James Meace	(Signad) James w Meade M. D. (Address) Dialing Creek, M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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I	Example I	1	Example II			
The principal cause of de of importance were as follows:	ath and related causes.	Date of onset	The principal cause of death and related causes of importance were as follows:			
Arteriosclerosis	\$650 m 1000	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis		1921	Run over by street car	1 week ago		
Cerebral hemorrhage	RHREAU V.	July 5,1927	Peritonitis	3 days ago		
	The second secon	manufacture and a				
Other contributory causes	of importance:		Other contributory causes of importance:	=		
Gallstones		May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FU	RTHER STATE	MENTS BY	PHYSICIAN
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PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. USE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING ON is very important. See instructions on back of certificate. MARGIN RESERVED AGE should be mation should be carefully supplied. WRITE

V. S. No. 1

1. PLACE OF DEATH			(31)	1900	
County Oucheste	-		Registration Dist. No.	115	
Village or City	erch ?	me	NoSt., f death occurred in a hospital or institution, give its NAME instead of street a		
Length of residence in city or town where	death occurred	S-yrsmos	<u></u>	mosd	
			If U. S. Veteran, specify WAR		
(a) Residence: No.	(Usual place		St., Ward. If nonresident give city or town		
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	1	
June 4. COLOR OR RACE		RIED, WIDOWED, D (write tha word)	21. DATE OF DEATH	, 193 7	
a. If marriad, widowad, eradivorced		ζ	(Month) (Day)	(Year)	
5a. If marriad, widowad, ordivorced HUSBAND of (or) WiFE of	nee &	yler =	22. I HEREBY CERTIFY. That i attended to the second		
S. DATE OF BIRTH (month, day, and yeer)	1-26-	1883	I last saw her alive on Loe 3 0 ,193	death is sal	
7. AGE Years Months	Days	If LESS then 1 day,hrs.	to have occurred on the date stated above, at		
8. Trada, profassion, or particular	1-1	ormin.	wera as follows:	Oata of onse	
kind of work done as SPINNER, SAWYER, BOOKKEEPER, atc	Tacce	- Make	Carder - Renul - Vasce	Man.	
work was done, as SILK MILL, SAW MILL, BANK, etc	= IV-		Contract with	1939	
10. Data decaasad last worked at this occupation (month and yaar)	spe spe	ima (years) nt In this على upation	<u> </u>		
12. BIRTHPLACE (city or town) Fusion	ing auch	/	Other Contributery Causes of Importance:		
(State or country)	106	ma	hme_		
13. NAME 14. BIRTHPLACE (city or town)		11			
(Stata or country)		nec	Nama of operation		
15. MAIOEN NAME 25. 16. BIRTHPLACE (city or town)	CK!	ear	23. If death was due to external causes (VIOLENCE) fill in also the folio		
16. BIRTHPLACE (city or town) (State or country)	eldan	ment	Accident, suicide, or homicide?	, 19	
17. INFORMANT (Addrass)	3 les	2-	Whara did injury occur? (Specify city of town, county and State) Specify whether injury occurred in iNDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury		
8. BURIAL, CREMATION, OR REMOVAL	Core Jan	238			
15/20	Date of	<u></u>	Nature of mjury	105	
19, UNOERTAKER (Address)		me	24. Was disease or injury in any way related to occupation of deceased. If so, specify		
20, FILED Dec 31, 1937 A.B.	mro & ms	alle	(Signed) James S. Meale	M. Len	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:	- 48	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12956
1. PLACE OF DEATH	The state of the s
County Worchester	Registration Dist. No.
Village or City Secretary	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How iong in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Worman With	
	St. Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male White Married Married	21. DATE OF DEATH (Month) (Dev) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
an without this horn as Wroles	RLC 22 1937 to NOC 25- 1937
6. DATE OF BIRTH (month, dey, end yeer) Law 24/892	I last saw harmalive on Dec 23 ,19.37, death is said
7. AGE Yeers Month's Days If LESS then	to heve occurred on the dete stated above, at 2
T Ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:
Trede, profession, or particular kind of work done, as SPINNER, Form Han 2	Jahn Ineumonia
A Industry or business in which	
work wes done, as SILK MILL, SAW MILL, BANK, etc	
D. Date deceased last worked at this occupetion (month and yeer)	
	Other Contributory Casses of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Mr M 2. Wroten	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diegnosis? Was there an au'opsy?
15. MAIDEN NAME Come Replaces	23. Il death was due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mus horns an Mrotes (Address)	Where did injury occur?(Specify city or town, county and State) , Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
wast new Market Dec 7-9, 19 3	Nature of injury
19. UNDERTAKER H. H. Willow glelly	24. Was disease or Injury in any way releted to occupetion of deceased?
20. FILED Die 26 1937! H. E. Parel	if so, specify (Signed) (Signed) (Signed)
Registrar.	(Address) Hurlang Min
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 147 5 1938	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year